

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1														
2															
3															
4															
5															
6															
7															
8															
9															
10	1														
11															
12															
13															
14															
15	1														
16															
17		2													
18		2													
19		2													
20		2													
21		2													
22		2													
23		2													
24		2													
25		2													
26	1														
27															
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35															
36															
37															
38															
39															
40	1														
41	1														
42	1														
43															
44															
45															
46															
47	1														
48															
49															
50															
TOTAL IND.															
TOTAL DEP.															
TOTAL CLAIMS															

20 84
9 23
29.9 107